

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 6.2.05

2 Serial/Patent # 10/518,349

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing Fee Codes <u>1632</u> <u>1633</u>		<u>12-17-04</u>	\$ <u>700.00</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 700.00

8 TO BE REFUNDED BY:

10 REASON:

Treasury Check

Credit Deposit A/C #:

9 07--1392

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

*Application qualifies for Special Fees.*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BAC

TITLE: \_\_\_\_\_

SIGNATURE: BAC

PHONE: \_\_\_\_\_

OFFICE: PCT

Adjustment Date: 05/03/2005 BAC/PBEL  
12/27/2004 KAYPACH 03222376 071392 10518349  
07 FC:1632 200.00 CR  
03 FC:1633 200.00 CR

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B